County: Chippewa HETZEL CARE CENTER, INC. 1840 PRIDDY STREET

BLOOMER 54724 Phone: (715) 56	8-2503	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Oper	ation: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/0	3): 31	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	31	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	31	Average Daily Census:	28

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	양
Home Health Care	No			Age Groups	%	Less Than 1 Year	12.9
Supp. Home Care-Personal Care	No					1 - 4 Years	38.7
Supp. Home Care-Household Services	No	Developmental Disabilities	3.2	Under 65	0.0	More Than 4 Years	19.4
Day Services	Yes	Mental Illness (Org./Psy)	45.2	65 - 74	6.5		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	32.3		71.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	51.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.2			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	16.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	16.1	65 & Over	100.0		
Transportation	No	Cerebrovascular	12.9			RNs	11.8
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.3
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	3.2	Male	38.7	Aides, & Orderlies	30.8
Mentally Ill	No			Female	61.3	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	
				and the state of the state of the state of the state of	and the state of the state of the state of	and the state of t	and the state of the state of the

## Method of Reimbursement

		edicare			edicaid			Other		]	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	230	18	100.0	115	0	0.0	0	7	87.5	131	0	0.0	0	0	0.0	0	30	96.8
Intermediate				0	0.0	0	0	0.0	0	1	12.5	122	0	0.0	0	0	0.0	0	1	3.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		18	100.0		0	0.0		8	100.0		0	0.0		0	0.0		31	100.0

·

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	ions, Services, an	nd Activities as of 12/	31/03
beachs builing Reporting Ferrod					% Needing		Total
Percent Admissions from:	ĺ	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	17.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	11.8	Bathing	0.0		90.3	9.7	31
Other Nursing Homes	2.9	Dressing	9.7		77.4	12.9	31
Acute Care Hospitals	61.8	Transferring	29.0		61.3	9.7	31
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.1		74.2	9.7	31
Rehabilitation Hospitals	0.0	Eating	71.0		19.4	9.7	31
Other Locations	5.9	******	*****	*****	*****	******	*****
Total Number of Admissions	34	Continence		용	Special Treatmen	nts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Resp	piratory Care	12.9
Private Home/No Home Health	9.4	Occ/Freq. Incontinen	t of Bladder	58.1	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	15.6	Occ/Freq. Incontinen	t of Bowel	25.8	Receiving Suc	tioning	0.0
Other Nursing Homes	9.4				Receiving Osto	omy Care	0.0
Acute Care Hospitals	9.4	Mobility			Receiving Tube	e Feeding	6.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	6.5	Receiving Mecl	hanically Altered Diets	6.5
Rehabilitation Hospitals	0.0						
Other Locations	9.4	Skin Care			Other Resident (	Characteristics	
Deaths	46.9	With Pressure Sores		12.9	Have Advance 1	Directives	90.3
Total Number of Discharges	i	With Rashes		9.7	Medications		
(Including Deaths)	32 i				Receiving Psy	choactive Drugs	67.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************************************											
		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	Und	er 50	Ski	lled	Al.	1		
	Facility Pe		<del>-</del>		Group	Peer	Group	Faci	lities		
	용	8	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90.3	86.2	1.05	84.7	1.07	88.1	1.03	87.4	1.03		
Current Residents from In-County	87.1	78.5	1.11	77.5	1.12	82.1	1.06	76.7	1.13		
Admissions from In-County, Still Residing	35.3	17.5	2.02	25.1	1.41	20.1	1.75	19.6	1.80		
Admissions/Average Daily Census	121.4	195.4	0.62	104.2	1.17	155.7	0.78	141.3	0.86		
Discharges/Average Daily Census	114.3	193.0	0.59	107.9	1.06	155.1	0.74	142.5	0.80		
Discharges To Private Residence/Average Daily Census	28.6	87.0	0.33	28.9	0.99	68.7	0.42	61.6	0.46		
Residents Receiving Skilled Care	96.8	94.4	1.03	93.8	1.03	94.0	1.03	88.1	1.10		
Residents Aged 65 and Older	100	92.3	1.08	95.8	1.04	92.0	1.09	87.8	1.14		
Title 19 (Medicaid) Funded Residents	58.1	60.6	0.96	56.9	1.02	61.7	0.94	65.9	0.88		
Private Pay Funded Residents	25.8	20.9	1.23	33.8	0.76	23.7	1.09	21.0	1.23		
Developmentally Disabled Residents	3.2	0.8	4.02	1.4	2.29	1.1	2.91	6.5	0.50		
Mentally Ill Residents	45.2	28.7	1.57	38.3	1.18	35.8	1.26	33.6	1.34		
General Medical Service Residents	3.2	24.5	0.13	16.9	0.19	23.1	0.14	20.6	0.16		
Impaired ADL (Mean)	43.2	49.1	0.88	50.8	0.85	49.5	0.87	49.4	0.87		
Psychological Problems	67.7	54.2	1.25	56.3	1.20	58.2	1.16	57.4	1.18		
Nursing Care Required (Mean)	6.0	6.8	0.89	6.9	0.88	6.9	0.88	7.3	0.83		
· '											